

## CMP 211 Fraud, Waste and Abuse

<b>Subject:</b> Fraud, Waste and Abuse	<b>Renewed Effective:</b> August 7, 2023
<b>Policy #:</b> CMP 211	<b>Review Schedule:</b> Annual or as needed

### Applicability:

All

### Policy:

Colorado Access (COA) is committed to the highest levels of quality and ethical standards and to ensuring that all its business is conducted in compliance with Federal, State and local laws and within applicable regulatory guidelines.

COA maintains mechanisms to prevent, detect, investigate and correct incidents of Fraud, Waste and Abuse in accordance with contractual, regulatory and statutory requirements.

Employees and contractors of COA shall be educated on false claims acts and the roles such laws play in preventing and detecting fraud, waste and abuse in governmental health care programs.

COA will take appropriate disciplinary action against employees, providers, subcontractors, consultants, and agents found to have violated COA policies or the Code of Conduct and/or committed Fraud, Waste or Abuse.

### Definitions:

<b>Fraud:</b>	An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person.
<b>Waste:</b>	Incurring unnecessary costs as a result of deficient management, practices, systems or controls; the over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.
<b>Abuse:</b>	Practices that are inconsistent with sound fiscal, business or medical practices, and that result in an unnecessary cost to government programs, or in seeking reimbursement for goods or services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes member practices that result in unnecessary cost to Medicaid programs.
<b>Neglect:</b>	Neglect is the willful failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness, including any neglect that constitutes a criminal violation under state law.
<b>Exploitation:</b>	Exploitation includes any wrongful taking or use of funds or property of a patient residing in a health care facility or board and care facility that constitutes a criminal violation under state law.
<b>False Representation:</b>	False representation is any inaccurate statement that is relevant to a claim for reimbursement and is made by a provider or client who has actual knowledge of the truth or false nature of the statement, or by a provider or client who has actual knowledge of the truth or false nature of the statement, or by a

	provider or client acting in deliberate ignorance of or with reckless disregard for the truth of the statement.
<b>Medicaid Patient Abuse</b>	<p>"Abuse" means willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical or financial harm or pain or mental anguish, including any acts or omissions that constitute a criminal violation under state law.</p> <p>This is specific to abuse regarding Medicaid benefits; this is not the same abuse as defined in the mandatory reporting policy regarding reporting of child abuse or abuse of at-risk individuals.</p>
<b>Suspected Fraud</b>	An instance of when an idea, impression, belief, feeling, or thought of an event, behavior or trend exists, but definitive evidence is lacking.

#### Procedures:

##### 1. Education and Training

- A. All new workforce members are provided an electronic copy of the Code of Conduct and Compliance Plan. The Code of Conduct and Compliance Plan are immediately accessible on the company intranet site. Additionally, new workforce members are assigned to an online course which requires review of the materials as well as an attestation. Completion of the courses and attestation are monitored by the Compliance Department. Workforce members who fail to complete the attestations are subject to corrective action.
- B. COA has made it a duty of all employees and contractors to raise concerns about compliance in its Compliance Plan and Code of Conduct.
- C. The Chief Compliance Officer (CCO) shall provide training on fraud waste and abuse, the false claims acts, and COA policies addressing such, to all COA employees and shall also be placed in the employee handbook.

##### 2. Reporting Fraud, Waste and Abuse, Suspected Fraud, Patient Abuse, Neglect, Exploitation and False Representation. Potential or suspected violations of law or incidents of fraud, waste and abuse shall be reported by contacting your direct supervisor or a member of the COA Compliance Team:

- A. Directly to a Compliance Team member
- B. Email to [compliance@coaccess.com](mailto:compliance@coaccess.com)
- C. COA Hotline at (877) 363-3065.

Supervisors shall forward all compliance concerns to the Chief Compliance Officer.

- 3. **Non-retaliation.** COA workforce members who in good faith report potential or actual fraud, waste and abuse or participate in investigations of such, shall not be subjected to retaliation of any kind.
- 4. **Investigation.** Upon receipt or detection of an incident of known or suspected Fraud, Waste or Abuse, the Chief Compliance Officer shall conduct an inquiry and consult and collaborate with other departments or legal counsel as needed.

- 5. Notifying State Agencies and Other Entities.** The Chief Compliance Officer shall ensure reporting of potential or suspected fraud, waste and abuse, patient abuse, neglect, exploitation, and false representation to the appropriate state and/or federal agency in accordance with statutory, regulatory and contractual requirements.
- 6. Enforcement and Correction.**
- A. The Chief Compliance Officer shall recommend appropriate corrective action for violations of the Compliance Plan, Code of Conduct or policies and procedures.
  - B. At the request of, or with the approval of, the applicable State agencies, COA will suspend payments to any participating provider against whom there is a credible allegation of Fraud. COA shall not suspend payment when law enforcement officials have specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation. COA will cooperate with these agencies for additional information or follow-up action.
  - C. If an incident of Fraud involves a member that has knowingly given incorrect information to COA, COA may request an immediate disenrollment of the member.
- 7. Questions.** Any workforce member with questions about how to implement this policy should contact the Chief Compliance Officer at [compliance@coaccess.com](mailto:compliance@coaccess.com).

**References:**

Federal False Claims Act: 31 USC §§3729-3730  
Colorado Medicaid False Claims Act: CRS §25.5-4-303.5 to §25.5-4-310  
Section 6032 of the Deficit Reduction Act of 2005  
CMP201 Compliance Problem Reporting and Non-retaliation  
CMP204 Corporate Compliance Program Education and Training  
CMP212 False Claims Act

**Attachments:**

None